



Navy and Marine Corps Medical News



A Public Affairs Publication of the Bureau of Medicine and Surgery

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MEDNEWS Items of Interest:

August marks "Navy Medicine's Support to the H1N1/ Seasonal Flu Campaign" Month - During this month, we recognize the importance of getting the flu vaccine to keep our Sailors, Marines, and their families fit to fight. The seasonal flu vaccine not only helps protect vaccinated individuals, but also helps protect entire communities by preventing and reducing the spread of the disease.

-Navy Medicine's Project FOCUS will be launching their new Web site Aug. 17: www.focusproject.org

- Nurse Corps Change of Office
On Aug. 27 at the Bureau of Medicine and Surgery, a ceremony will be held for the Nurse Corps change of office from Rear Adm. Karen Flaherty to Rear Adm. Betsy Niemeyer

- Dental Corps Birthday- Aug. 22 marks the 98th birthday of the Navy Dental Corps, a ceremony will be held at the Bureau of Medicine and Surgery

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Did You Know...

According to the Centers for Disease Control and Prevention (CDC), every year in the United States, on average 5 to 20 percent of the population experience the flu; more than 200,000 people are hospitalized from flu complications and about 36,000 people die from flu-related causes.

Navy Medicine Prepares Sailors, Families for Annual Flu Season

By Cmdr. Cappy Surette, Bureau of Medicine and Surgery Public Affairs

WASHINGTON - The Navy recognizes August as Immunization Awareness Month.

With flu season quickly approaching, Navy leadership are urging service members, veterans and family members to be aware of the risks of seasonal flu and to receive their scheduled vaccinations.

Influenza or "flu" has the potential to significantly impact Navy force readiness and missions. In the United States, influenza results in more than 25 million reported cases, more than 150,000 hospitalizations due to serious complications and more than 30,000 deaths annually.

According to the Navy Surgeon

General Vice Adm. Adam M. Robinson Jr., immunization is one of the best ways to prevent the spread of seasonal influenza.

"Influenza is not the common cold," said Robinson. "It can be a severe to life-threatening disease and getting an annual flu vaccine immunization protects us from getting the disease or becoming severely ill. The seasonal flu vaccine not only helps protect vaccinated individuals, but also helps protect entire communities by preventing and reducing the spread of the disease."

Navy medical officials anticipate the supply of vaccine to Navy medical treatment facilities will arrive by late September and do

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KOROR, Republic of Palau - Hospital Corpsman 1st Class Agnes Baniias, assigned to the U.S. 7th Fleet command ship USS Blue Ridge (LCC 19), teaches a child how to floss at a Pacific Partnership 2010 free dental clinic July 28, 2010. Blue Ridge is in the Republic of Palau conducting Pacific Partnership 2010, the fifth in a series of annual U.S. Pacific Fleet endeavors to strengthen regional relationships with host and partner nations. (U.S. Navy photo by Mass Communication Specialist 3rd Class Fidel C. Hart/Released)

Navy Medicine's Support to the H1N1/ Seasonal Flu Campaign

Your health and safety is my number one concern as we approach this year's H1N1/Seasonal Flu Campaign. According to the Centers for Disease Control and Prevention (CDC), every year in the United States, on average 5 to 20 percent of the population experience the flu; more than 200,000 people are hospitalized from flu complications and about 36,000 people die from flu-related causes. This is why it is DoD's policy that annual seasonal flu vaccinations are required for all active duty military personnel, Selected Reserves and healthcare workers.

Let me assure you that the vaccine is safe, effective, and will be widely available beginning next month. The H1N1 vaccine has been tested and approved by the FDA in exactly the same manner as the seasonal flu vaccines are every year, which have a very good safety track record. This year the novel H1N1 flu vaccine has been combined with the seasonal flu vaccine so only one shot will protect against both H1N1 and seasonal flu. There will be a single source of flu vaccine via the established centralized distribution system as used last year for seasonal flu vaccine.

Navy Medicine does not anticipate availability issues like those experienced last fall with the novel H1N1 vaccine.

Influenza is not the common cold. Flu can be a severe to life-threatening disease and getting an annual flu vaccine immunization (either the traditional shot in the arm or the nasal spray vaccine) protects many people from getting the disease or becoming severely ill. Immunization remains the primary method of reducing seasonal flu illness and its complications. The seasonal flu vaccine not only helps protect vaccinated individuals, but also helps protect entire communities by preventing and reducing the spread of the disease.

"Your health and safety is my number one concern as we approach this year's H1N1/ Seasonal Flu Campaign."

There are many simple preventative measure people can take to protect themselves against the flu virus.

Navy Medicine follows the CDC recommendations to:

- Take everyday actions to stay healthy.
- Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick as well.
- If possible, stay home from work, school and errands when you are sick. You will help prevent others from catching your illness.
- Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent



**Vice Adm. Adam M. Robinson, Jr.,
U.S. Navy Surgeon General,**


those around you from getting sick.

- Washing your hands often with soap and hot water will help protect you from germs. Alcohol-based hand cleaners/sanitizers are also effective.
- Avoid touching your eyes, nose, or mouth. Germs are often spread when a person touches something that is contaminated with germs and then touches his/her eyes, nose, or mouth.


Navy Medicine will be monitoring the seasonal flu virus carefully over the coming weeks and months and will be proactive in developing contingency plans to address any public health issues if required. Force Health Protection is the responsibility of every commander and service member and it is important for all of us to take the proper actions to protect personnel, beneficiaries, coworkers and family members.

General information on seasonal flu can be found at <http://www.cdc.gov/flu/>.

Additional resources can be found at BUMED's H1N1/Seasonal Flu Website: https://www.med.navy.mil/Pages/Flu_H1N1_Info.aspx



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Medical News**



Navy Bureau of Medicine and Surgery

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Deputy Navy Surgeon General Retires after 42 Years of Service

By Cmdr. Cappy Surette, Bureau of Medicine and Surgery Public Affairs

BETHESDA, Md. -- After 42 years of service in the U.S. Navy, Rear Adm. Thomas Cullison, deputy Navy surgeon general, retired during an official ceremony Aug. 6 held at the National Naval Medical Center.

"During his time in uniform, he has served in everything from the riverines to submarines to the Marines," said Navy Surgeon General Adam M. Robinson, Jr. during his keynote speech at the ceremony. "Tom Cullison is a hero who evokes admiration and respect for all he has worked with throughout his career."

Cullison said that the Navy has provided him so many opportunities during his more than four decades of service.

"It's been a tremendous ride," said Cullison. "I've always tried to focus on doing the right thing for our men and women in uniform and their families. I hope that I've been able to leave the service just a little better than when I was commissioned."

A native of Plymouth, Ind., Cullison graduated from Hanover College and received his commission through Officer Candidate School in 1968. He earned his medical degree in 1979 from the Indiana University School of Medicine. After completing a surgical internship and orthopedic surgery residency at the Naval Medical Center San Diego, he reported to Naval Hospital, Camp Pendleton in 1984, where he served as the Chief of Orthopedic Surgery in 1986. Cullison held several positions while stationed at Naval Medical Center, San Diego, from 1987-95 including Assistant Chairman of Orthopedic Surgery, Director of Sports Medicine Service, Surgeon General Specialty Leader for Orthopedic Surgery, and Director of Surgical Services.

He served as Deputy Commander, Naval Medical Center, Portsmouth, Va., from 1995-98, Commanding Officer, Naval Hospital Camp Lejeune from 1998-2001, and Fleet Surgeon, U.S. Pacific Fleet from 2001-03 and Command Surgeon, U.S. Pacific Command, from 2003-04. Medical Officer of the Marine Corps from 2004-2005. He served as Commander, Navy Medicine East, Commander, Naval Medical Center Portsmouth from 2005 - 2007. Has he been Deputy surgeon general since 2007.



BETHESDA, Md.— Vice Adm. Adam M. Robinson, Jr. presents Rear Adm. Thomas R. Cullison and his family members with letters of appreciation for their continued support during Cullison's 42 years of service, Aug. 6. (U.S. Navy photo by MC3 Timothy Wilson/Released)

Cullison had many significant accomplishments during his tenure as the deputy surgeon general including overseeing noteworthy improvements to the electronic health records program and managing the complex logistics requirements for fielding the Navy medicine response to the humanitarian response mission to Haiti after a 7.0 earthquake killed more than 230,000 people in January 2010. In less than 76 hours, Cullison coordinated the identification and transportation of more than 1,000 Navy medical personnel from Navy hospitals throughout the United States to Haiti to provide a cornerstone of the U.S. humanitarian assistance mission.

"Providing quality healthcare to our people around the world, as well as, helping those in need has been very satisfying," said Cullison. "I believe the mark of success is to continue to try your best, no matter the situation or condition you are confronted with."

Cullison's personal awards include the Legion of Merit with three gold stars, Bronze Star with Combat V, Defense Meritorious Service Medal, Meritorious Service Medal, Navy Commendation Medal, and Combat Action Ribbon.

Cullison will be retiring to North Carolina with his wife, Marilyn who is a registered nurse. The couple has four daughters, a son, and five grandchildren.

FLU

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not anticipate any availability issues like those experienced last fall.

This year's seasonal influenza vaccine contains three inactive virus components based on an estimate of the most prevalent strains for the upcoming season. The 2009 H1N1 pandemic strain is incorporated as one of the three 2010-2011 seasonal influenza

vaccine components. New influenza strains with the potential to become pandemic have not yet been identified for 2010-2011 but the possibility remains that a new virus strain could emerge, become a pandemic and require an additional influenza vaccine. The Armed Forces Health Surveillance Center will closely monitor the emergence of potential new virus strains.

"Let me assure you that the vaccine is safe, effective, and will be widely available beginning next

month," said Robinson.

Robinson also states that all personnel and their family members can limit the effects of the seasonal and H1N1 flu by adopting some basic preventive health practices such as covering their mouth when they cough, washing hands often, and avoiding touching your eyes, nose or mouth.

"Following these simple good practices will help us all stay healthy during this flu season," said Robinson.

Navy Top Doc Commends Naval Hospital Bremerton During Visit

By Douglas H. Stutz, Naval Hospital Bremerton
Public Affairs

BREMERTON, Wash. - The U.S. Navy's senior medical officer lauded the efforts of Sailors and civilians at Naval Hospital Bremerton, Wash., (NHB) during a visit to the facilities in the Pacific Northwest Aug. 2.

"Naval Hospital Bremerton is a proud example of the great work the men and women of Navy Medicine do every day to support Sailors, Marines and their families around the world," said Vice Adm. Adam M. Robinson, Jr., Navy surgeon general, chief, Navy Bureau of Medicine and Surgery (BUMED). "Your reputation is spectacular in everything from providing for our beneficiaries to the residency program," said Robinson.

Robinson was joined by BUMED Force Master Chief (Fleet Marine Force) Laura A. Martinez for the visit which included meetings with command leadership as well as informal talks with enlisted staff members in NHB'S Terrace Dining Room and an all-hands admiral's Call in NHB's Ross Auditorium.

During the all-hand's call, Robinson thanked the staff for their role in providing care for their patients and families, as well as their role in supporting global operations.

"Navy Medicine exists around the world because our Navy is around the world," said Robinson. "We support our deployed assets that are doing everything to projecting power to engaging in humanitarian assistance missions such as USNS Mercy's (T-AH 19) key role in supporting Pacific Partnership 2010 in the western Pacific."

Robinson has long endorsed the use of Navy Medicine in superseding cultural and linguistic differences.

"Medicine serves as a common language and a

common denominator that helps bridge existing barriers and is a cornerstone in bolstering global partnerships," he said.

Robinson stated that Navy Medicine is more involved than ever before in making lasting positive difference and staying engaged in three overlapping major points of emphasis – providing operational military support to the warfighter; continuing to provide garrison care for all eligible beneficiaries at home and overseas; and render-

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BREMERTON, Wash. - Navy Surgeon General Vice Adm. Adam M. Robinson, Jr. answers questions from the staff at Naval Hospital Bremerton (NHB) at an admiral's call in the Ross Auditorium at NHB, Aug. 2, 2010. (U.S. Navy photo by Mass Communication Specialist 1st Class (SW) Charlemagne Obana/Released).

Trauma, Surgical Teams Act as Hospitals in Inhospitable Lands

By Lance Cpl. Jad Sleiman, Marine
Forces Africa

BOANE, Mozambique - The operating table and sanitation sink came, disassembled, out of a crate. So did the lights that hung from canvas walls and the portable, diesel generator-powered ventilator and X-ray machines.

A continent away from the nearest available hospital, the trauma and surgical teams of Exercise SHARED ACCORD 2010 had built a tent-borne aid station on steroids. The station, adjacent to a Boane firing range, is able to treat life and limb-threatening injuries in the field.

"We are here designed to treat anything bad," explained Cmdr.

Paul Dabrowski, a trauma surgeon with 4th Medical Battalion, 4th Marine Logistics Group, out of San Diego, Calif. "We can operate on the abdomen, chest, limbs and extremities, fractures and brain injuries - everything."

SHARED ACCORD, an annual, bi-lateral military exercise hosted by a different U.S. Africa Command partner nation each year, has brought hundreds of U.S. Marines and Mozambican soldiers to the two Boane ranges for live fire shoots. The medical stations here, known as the Forward Resuscitative Surgical System and Shock Trauma Platoon, need to stay close to the range and the grievous injuries potentially produced in order to treat casualties as quickly as possible.

"If we can stabilize them within the first hour, we have a much better chance of saving them," said 4th Medical Battalion FRSS-STP officer in charge Cmdr. Edward Leitz, who added that the nearest evacuation hospitals with a military presence are in Spain and Germany. "The first hour is absolutely critical."

The "golden hour," as Dabrowski referred to it, begins ticking down as soon as a stray round strikes or a vehicle flips. It's during that hour the FRSS-STP's 19-member team must be able to operate independently to save a life.

The FRSS, just larger than the average American living room, can

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perform 18 major operations over the course of 72 hours without being re-supplied. The STP can handle even larger numbers of less seriously wounded casualties and prepares patients for surgery.

Both aid stations are visible from the firing range.

As the Marines of Echo Company, 2nd Marine Battalion, 25th Marine Regiment, sent rounds down range today along with their Mozambican counter-parts, the sailors of the FRSS-STP were practicing sonogram techniques.

At any moment, however, a call could come through the radio indicating a casualty was en route.

The docs would then have to organize their emergency room based on whatever was coming their way: anti-venom and tourniquets for snake bite, chest tubes and suction for a gunshot wound.

"We don't have the space of a real hospital, so we can't fit everything in here at once," said Petty Officer 1st Class Cory Bond, a 4th Medical Battalion field corpsman and the lead petty officer at the FRSS-STP.

By the time a casualty arrives at the FRSS-STP, a corpsman near the scene of the incident may have already stopped the bleeding. If not, that task is the FRSS-STP's first priority. A close second is starting breathing.

Blood, then air, the docs would first treat their patients in the STP before moving them to the FRSS for serious surgery if need be – all under cramped and hectic circumstances.

"To an outsider it may look completely unorganized - like complete chaos," said Chief Petty Officer Berry Potoker, a 4th Medical Battalion field corpsman and the senior enlisted member of the FRSS-STP. "But everyone in here knows his or her role, everyone knows what they're doing."

The FRSS-STP can only do so much detached from the resources of a full hospital, so it's likely the most severely injured casualties would have to be treated out of country in Germany.

After a patient is stabilized, it won't be more than



BOANE, Mozambique - U.S. Navy medical personnel go over broken bone procedures in the Forward Resuscitative Surgical System facility in Boane July 31. The team is providing medical support to U.S. and Mozambican service members participating in Exercise SHARED ACCORD 2010, an annual, bi-lateral military exercise hosted by a different U.S. Africa Command partner nation each year, and designed to increase partner nation capacity for peace and stability operations. (U.S. Marine Corps photo by Lance Cpl. Jad Sleiman, Unit Marine Forces Africa/Released)

10 minutes before they are in a vehicle headed toward Maputo, Mozambique's capital city, and the airfield there, said Potoker. Simultaneously, a civilian aircraft - most likely a small jet - would be called from Johannesburg, South Africa. Both take about an hour to get to Maputo.

The intricate orchestration is designed for one purpose: saving lives in places where survival is least likely.

"There's a range right here, and if anyone gets hurt they're only 200 yards away," said Sgt. Daniel Detore, a squad leader with Fox Company, 2/25. "Having (the FRSS and STP) on hand is better than just a single corpsman."

Fighting time, space, resources and the inherently dangerous work of deployed service members, FRSS and STP docs remain on hand in Boane, as well as numerous other far-flung locales where U.S. Marines have answered the call.

From Mozambique to the battlefields of Afghanistan, they aim to act as tangible safety nets designed for the worst possible scenarios.

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ing humanitarian assistance and disaster response missions when called upon.

"Our OPTEMPO is not going down anytime soon," Robinson said, noting that the Navy will always provide medical needs for not only the Navy but the Marine Corps as well.

"The Kandahar base hospital is run by Navy, and the Marines are there in southern Afghanistan," said Robinson. "Helmand Province is very dangerous but wherever our forces go, Navy Medicine will be there alongside to support them."

There are approximately 21,000 Marines in Afghanistan.

According to Robinson, hospital corpsmen continue

to uphold and prove their medical value on the field of battle.

"I've been in Iraq and Afghanistan several times in the last few years and most everyone I meet wants hospital corpsmen for their mission," he said. "We have some independent duty corpsmen capable of handling a general medical officer role. That's how well trained and how good they are."

Robinson also said that the continued support hospital corpsmen offer at military installations around the world will remain unchanged.

"The quality of care and ethos of service is second to none with everyone working together to give the best in patient and family-centered care," said Robinson. "Whether there is a war on or not, we will always do our best. Naval Hospital Bremerton epitomizes who we are. I am incredibly proud and humbled to be your surgeon general."

Navy Medicine Keeps Focus on Neurological Assessments

By Valerie A. Kremer, Bureau of Medicine and Surgery Public Affairs

WASHINGTON - Concussions can happen in many ways, from sports injuries or in the case of war, during conflicts in which service members may be injured by explosions causing mild to significant head/brain trauma. Neurocognitive assessments of concussions, also known as mild traumatic brain injury (mTBI), have been a significant focus of military leadership as brain injuries have been more prevalent with the increased sophistication of improvised explosive devices (IED).

Signs of a concussion can range from mild to severe and can include headache, change in alertness, loss of consciousness, dizziness, and in severe cases, coma.

"Early diagnosis is important because medical impairment of a service member in combat may affect mission completion, putting not only themselves but also other Sailors and Marines at risk," said Cmdr. Jack Tsao, a neurologist and Director of Traumatic Brain Injury Programs for the Bureau of Medicine and Surgery.

Growing concerns about concussions by the Department of Defense and medical professionals have led to the development of tests that will better diagnose concussions. The ANAM (Automated Neuropsychological Assessment Metrics) test is one of many tools used by military medical professionals to assess brain function post-concussion.

The ANAM is a computer-based test that is designed to detect reaction speed and accuracy of attention, memory, and thinking ability. It records a service member's performance through responses provided on a computer.

The ANAM test is conducted prior to deployment and can be used to identify and monitor changes in cognitive function. However, by itself, it is not an instrument that can be employed to diagnose any medical condition.

According to Tsao, the results are being used by theater health-care staff to compare a service member's cognitive abilities after an injury to baseline performance. Should the results of a post-injury test appear abnormal, this will

guide medical providers in providing more in-depth care.

On May 28, 2008, Dr. S. Ward Casscells, then Assistant Secretary of Defense for Health Affairs, signed a memorandum directing all Military Departments to implement baseline pre-deployment neurocognitive assessments for all service members, who are required to complete this mandatory assessment within 12 months prior to deployment.

"Having a baseline which you can compare against after a Sailor or Marine sustains a concussion gives us more medical information and will enable medical providers to make better informed decisions about when a service member is able to return to full duty," Tsao said.

From July 17, 2008 to June 11, 2010, 101,013 Sailors and Marines have taken the ANAM.

"In the future, we hope to have a handheld neurocognitive testing device which will enable corpsmen to make a concussion diagnosis rapidly on the front line," said Tsao.

Expeditionary Medicine

PATROL BASE GORGAK, Afghanistan — Lt. Frank G. Percy, the assistant battalion surgeon for 3rd Battalion, 1st Marine Regiment, cleans the burnt foot of a child at Patrol Base Gorgak, Afghanistan, July 25, 2010. (U.S. Marine Corps photo/Released)



Health System Program Trains Physicians to Be Leaders

By Capt. Thomas E. Beeman, MSC, USN
and Charles A. Castle, MC, USN (ret)

At a not-for-profit health system in Lancaster, Pa., three executives with military backgrounds have played key roles in developing a program that is training physicians to be organizational leaders.

The executives — an active captain in the Navy Reserve, a retired Navy Reserve captain and a former Air Force surgeon and department chief — helped develop Lancaster General Health system's Physician Leadership Academy, a yearlong program that provides physicians with the skills and insight they need to take on meaningful leadership roles within the organization.

In many ways, the challenges faced by civilian hospitals and the Navy's Bureau of Medicine and Surgery are the same.

Naval and civilian healthcare organizations strive to deliver high-quality, economic healthcare. They need strong, strategic leaders who ensure the organizations' facilities

are managed effectively and consistently provide excellent, standardized care.

The similarities are many. The Bureau of Medicine and Surgery and LG Health system both provide patient and family-focused care that values each individual as a unique human being. And, this year, both implemented five-year strategic plans designed to further improve that care.

LG Health recognizes that healthcare professionals are trained to treat the individual patient. It implemented the Physician Leadership Academy to provide a complementary skill set: one that helps the physician understand the health system as a whole.

In its second year, the Physician Leadership Academy enrolls 25 to 30 physicians annually and provides monthly meetings led by nationally known specialists on topics such as accountability, finance, ethics, self assessment, legal issues, quality, advocacy and customer service.

In June 2010, the physicians took a day trip to the Gettysburg National Military Park, where a Civil War professor gave a guided tour of the battlefield. The group discussed the ways in which fluid decision making, leadership and resilience were critical during the battle, and how those same traits are vital in today's medical settings as well.

The Physician Leadership Academy is serving as a model that other organizations, including the Pennsylvania Medical Society, are benchmarking as a best practice. The program provides skills that nourish leaders, and they are skills that would benefit either civilian or Naval medical professionals.

Whether supporting warriors' combat readiness or a local community's healthcare needs, today's medical professionals face many challenges. Organizational training provides the skills they need to be the leaders of tomorrow.

Happy 63rd Birthday to the Navy Medical Service Corps!!

"For the past 63 years the Medical Service Corps has stood the watch. Your heritage began on August 4, 1947 with 251 plankowners serving in four specialties comprised of supply and administration; medical allied sciences; optometry, and pharmacy. Today, you have grown into an indispensable component of the Navy's Medical Department serving in 31 specialties. As we observe the Medical Services Corps birthday, we reflect on the sacrifices of your predecessors, celebrate their service, and honor the brave men and women serving in our ranks today.

This past year, I have witnessed your many achievements and contributions at home and abroad. From your support of

Operations Iraqi and Enduring Freedom to the various humanitarian and theater security cooperation missions -- your commitment and service have left an indelible mark on history. The diversity, dedication, and professionalism of the Medical Service Corps are the glue that holds the Navy's Medical Department together. No matter where I go, Medical Service Corps Officers are leading from the front -- serving and sacrificing to provide the very best support to our Sailors, Marines, Soldiers, Airmen, Coast Guardmen, and their families.

I am confident that you will continue to make Navy Medicine the leader in healthcare delivery, while answering all bells and meeting whatever mission requirements that come your way.

I am proud to serve with such an incredible group of professionals, and I applaud you for the work you do each and every day.

Congratulations on a job well done. Happy 63rd Birthday!"

Vice Adm. Adam M Robinson, Jr., Navy Surgeon General



(Photo by Shakara Helaire, Bureau of Medicine and Surgery Public Affairs/Released)

Got News? If you'd like to submit an article or have an idea for one, contact MEDNEWS at 202-762-3160, fax 202-762-1705 or Valerie.Kremer@med.navy.mil.

A Sailor's Reflection on Life-changing Mission to Haiti

By Lt. Holly Lee, Bureau of Medicine and Surgery, Public Affairs

Lt. Cmdr. Wendy George was deployed in support of Operation Unified Response, Joint Task Force (JTF) Haiti, Port Au Prince, Haiti from Jan. 28 – Apr. 2, 2010 after a 7.0 magnitude struck the city on Jan 12, 2010.

The day of the Haiti earthquake, George volunteered for deployment as a Medical Regulating Control Officer (MRCO) to assist with evacuating the wounded, ill, and injured personnel. Her primary mission was to coordinate movement of patients from the shores of Haiti to a higher level of care. At times the medical evacuation would be a matter of saving a life or limb.

She speaks of her deployment as a truly positive experience. This was her first experience working in a joint environment and there were many moving parts to the mission with numerous countries assisting with the efforts. During her time aboard the USNS COMFORT (T AH-20), George quickly learned to adapt to living without the every day comforts many of us take for granted; such as being able to sleep in a bed, clean drinking water, and electricity. Her appreciation of the small things in life was reinvigorated and while she feels that her deployment changed her for the better, she also remembers some of the most challenging days as well.

George stated that "Seeing the patients really pulled at my heart strings. Their injuries were life changing injuries and will be a constant reminder of that day. The children who were too young to remember the earthquake were the hardest to see."

Her very first medical transport

JACKSONVILLE, Fla.— (From left to right) Capt. Sullivan, Lt. Cmdr. Wendy George, and Lt. Jason Howes heading to Haiti in support of Operation Unified Response, Jan. 28, 2010. George volunteered for deployment as a Medical Regulating Control Officer (MRCO) to assist with evacuating the wounded, ill, and injured personnel in Port-au-Prince, Haiti. (Courtesy photo/ Released)



was a 2 year old child, who was also a US citizen. She was in Haiti visiting her family and had gotten sick while she was there. She needed medical attention and the Joint Task Force was contacted to transport her to the COMFORT. The young child's grandmother was very grateful and said she knew the medical staff would provide the care her granddaughter needed.

Of the many challenging days she overcame, March 14, 2010 is a day that George will not soon forget. On this day her partner began to feel that something was wrong and took himself to the aid station. Once there he was told that he was having a heart attack. Immediately, the medical staff began their work on him and George began the coordination of his transport to the Air Force field hospital, located at the local airport, for a higher level of care. She didn't have time to think and she did what comes natural to many and that was to take action and that action would help save his life. Once she made contact with the medics from

the field hospital, she stayed on the phone giving them directions to their location.

"Our saving grace during the entire ordeal was that it was a Sunday afternoon and there was no traffic. The field ambulance got to our location in less than 10 minutes," George recalled.

While still on the phone with the medics, she walked over to her partner, held his hand and said a prayer. She wanted him to know that he was not alone and everyone was doing everything possible to get him through this.

"The medics did an outstanding job giving him the life saving treatment he needed during the first few minutes of his heart attack," said George. He was transported back to the U.S., where he had follow-on surgery. He is recovering well and has returned to duty."

According to George, the Haiti deployment changed her life forever.

"I truly appreciate all the things I have been blessed with and do not take one day for granted," said George.

Would you like to share your deployment story with MEDNEWS?

Contact Lt. Holly Lee at
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